

County: Dane
SUN PRAIRIE HEALTH CARE CENTER
228 WEST MAIN STREET

Facility ID: 8560

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SUN PRAIRIE 53590 Phone: (608) 837-5959
Operated from 1/1 To 12/31 Days of Operation: 365
Operate in Conjunction with Hospital? No
Number of Beds Set Up and Staffed (12/31/01): 32
Total Licensed Bed Capacity (12/31/01): 32
Number of Residents on 12/31/01: 32

Ownership: Limited Liability Company
Highest Level License: Skilled
Operate in Conjunction with CBRF? Yes
Title 18 (Medicare) Certified? Yes
Title 19 (Medicaid) Certified? Yes
Average Daily Census: 31

Services Provided to Non-Residents		Age, Sex, and Primary Diagnosis of Residents (12/31/01)				Length of Stay (12/31/01)		%
Home Health Care	No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year		28.1
Supp. Home Care-Personal Care	No					1 - 4 Years		53.1
Supp. Home Care-Household Services	No	Developmental Disabilities	0.0	Under 65	0.0	More Than 4 Years		18.8
Day Services	No	Mental Illness (Org./Psy)	9.4	65 - 74	0.0			-----
Respite Care	No	Mental Illness (Other)	31.3	75 - 84	28.1			100.0
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	43.8	*****		
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	0.0	95 & Over	28.1	Full-Time Equivalent		
Congregate Meals	No	Cancer	3.1		-----	Nursing Staff per 100 Residents		
Home Delivered Meals	No	Fractures	0.0		100.0	(12/31/01)		
Other Meals	No	Cardiovascular	25.0	65 & Over	100.0	-----		
Transportation	No	Cerebrovascular	6.3		-----	RNs		14.2
Referral Service	No	Diabetes	9.4	Sex	%	LPNs		5.0
Other Services	No	Respiratory	3.1		-----	Nursing Assistants,		
Provide Day Programming for		Other Medical Conditions	12.5	Male	31.3	Aides, & Orderlies		
Mentally Ill	No		-----	Female	68.8			
Provide Day Programming for			100.0		-----			
Developmentally Disabled	No				100.0			

Method of Reimbursement

	Medi care (Title 18)			Medi caid (Title 19)			Other		Private Pay			Fami ly Care		Managed Care						
			Per Di em			Per Di em			Per Di em			Per Di em			Per Di em			Per Di em	Total Resi - dents	% Of All
Level of Care	No.	%	(\$)	No.	%	(\$)	No.	%	(\$)	No.	%	(\$)	No.	%	(\$)	No.	%	(\$)		
Int. Skilled Care	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Skilled Care	1	100.0	415	14	100.0	101	0	0.0	0	17	100.0	145	0	0.0	0	0	0.0	0	32	100.0
Intermediate	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Limited Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain Inj	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Dependent	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	1	100.0		14	100.0		0	0.0		17	100.0		0	0.0		0	0.0		32	100.0

Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/01				
				% Needing Assistance of One Or Two Staff	% Totally Dependent	Total Number of Residents
Percent Admissions from		Activities of	%			
Private Home/No Home Health	4.5	Daily Living (ADL)	Independent			
Private Home/With Home Health	0.0	Bathing	0.0	81.3	18.8	32
Other Nursing Homes	13.6	Dressing	15.6	81.3	3.1	32
Acute Care Hospitals	63.6	Transferring	21.9	71.9	6.3	32
Psych. Hosp. -MR/DD Facilities	0.0	Toilet Use	6.3	50.0	43.8	32
Rehabilitation Hospitals	0.0	Eating	37.5	53.1	9.4	32
Other Locations	18.2	*****				
Total Number of Admissions	22	Continence	%	Special Treatments		%
Percent Discharges To:		Indwelling Or External Catheter	6.3	Receiving Respiratory Care		0.0
Private Home/No Home Health	9.1	Occ/Freq. Incontinent of Bladder	84.4	Receiving Tracheostomy Care		0.0
Private Home/With Home Health	4.5	Occ/Freq. Incontinent of Bowel	81.3	Receiving Suctioning		0.0
Other Nursing Homes	4.5			Receiving Ostomy Care		0.0
Acute Care Hospitals	22.7	Mobility		Receiving Tube Feeding		0.0
Psych. Hosp. -MR/DD Facilities	0.0	Physically Restrained	0.0	Receiving Mechanically Altered Diets		28.1
Rehabilitation Hospitals	0.0					
Other Locations	4.5	Skin Care		Other Resident Characteristics		
Deaths	54.5	With Pressure Sores	0.0	Have Advance Directives		100.0
Total Number of Discharges		With Rashes	0.0	Medications		
(Including Deaths)	22			Receiving Psychoactive Drugs		65.6

Selected Statistics: This Facility Compared to All Similar Metropolitan Area Facilities & Compared to All Facilities

	This Facility %	Ownership: Proprietary Peer Group %	Ratio	Bed Size: Under 50 Peer Group %	Ratio	Licensure: Skilled Peer Group %	Ratio	All Facilities %	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	96.9	82.7	1.17	83.8	1.16	84.3	1.15	84.6	1.15
Current Residents from In-County	90.6	82.1	1.10	74.6	1.22	82.7	1.10	77.0	1.18
Admissions from In-County, Still Residing	31.8	18.6	1.71	33.2	0.96	21.6	1.47	20.8	1.53
Admissions/Average Daily Census	71.0	178.7	0.40	75.3	0.94	137.9	0.51	128.9	0.55
Discharges/Average Daily Census	71.0	179.9	0.39	77.3	0.92	139.0	0.51	130.0	0.55
Discharges To Private Residence/Average Daily Census	9.7	76.7	0.13	15.9	0.61	55.2	0.18	52.8	0.18
Residents Receiving Skilled Care	100	93.6	1.07	91.2	1.10	91.8	1.09	85.3	1.17
Residents Aged 65 and Older	100	93.4	1.07	97.7	1.02	92.5	1.08	87.5	1.14
Title 19 (Medicaid) Funded Residents	43.8	63.4	0.69	60.7	0.72	64.3	0.68	68.7	0.64
Private Pay Funded Residents	53.1	23.0	2.31	36.2	1.47	25.6	2.08	22.0	2.41
Developmentally Disabled Residents	0.0	0.7	0.00	1.4	0.00	1.2	0.00	7.6	0.00
Mentally Ill Residents	40.6	30.1	1.35	33.9	1.20	37.4	1.09	33.8	1.20
General Medical Service Residents	12.5	23.3	0.54	24.3	0.51	21.2	0.59	19.4	0.64
Impaired ADL (Mean)	50.6	48.6	1.04	51.1	0.99	49.6	1.02	49.3	1.03
Psychological Problems	65.6	50.3	1.31	58.2	1.13	54.1	1.21	51.9	1.26
Nursing Care Required (Mean)	3.5	6.2	0.57	7.0	0.50	6.5	0.54	7.3	0.48